



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS Administrative Hearings – Krystal Devine	
Department Contract Administrator or Grant Coordinator:		Katie Clark Nancy Tan	
(If applicable) Department Reference #:		ADM-22-901A	
Amount: (Contract/Amendment/Grant)	Original: \$5,000.00 Amend: \$10,000.00	Advantage CT / RQS #:	CT 10A 20210630000000003837
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	11/1/2021
	Previous End Date:	New End Date:	
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Brown and Meyers Reporting Scarborough, ME	
Brief Description of Goods/Services/Grant:		Transcription Services	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Over the past two years, we have had a major increase in appeals of APS by OADS-DHHS. There had been a cessation of APS appeals, but towards the end of the last administration, a new APS rule was promulgated. OADS re-started investigations, which ultimately resulted in more appeals. These appeals are difficult and longer than typical appeals. They involve loss of employment by the appellants, and therefore they are more likely to appeal to the Superior Court if they lose their hearing. While the Division is staffed to transcribe short hearings, the Division does not have the capacity to handle larger appeals. In addition to appeals from APS, there has been an increase in the number of more complicated cases such as licensing, grievances, and child protective substantiations. These matters are similar in complexity and length to the APS appeals.

The purpose of this amendment to cover the additional transcription services due to increased number of complex cases.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

After reaching out to many vendors, it was determined that this vendor had the lowest price per page and also had the capability to accurately produce the volume of transcripts we needed in the electronic format we were looking for. Not all vendors can work with the format of our older recording software.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

This vendor has a \$0.50 per page lower rate than the previous vendor we contracted with. This will result in a large savings because we are sending them thousands of pages per year.

4. Describe the plan for future competition for the goods or services.

The Department is intending to competitively procure these services under RFP 202203037 for a contract start date 7/1/2022.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

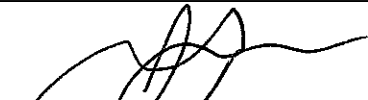
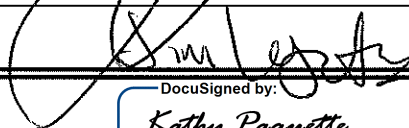
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	13 - Apr - 22
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	kathy Paquette	Date:	4/26/2022